

EXHIBIT A

COMPLAINT OF DISCRIMINATION UNDER THE PROVISIONS OF THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT

DFEH # E201112M0431-01-pv

If dual-filed with EEOC, this form may be affected by the Privacy Act of 1974.

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

COMPLAINANT'S NAME (indicate Mr. or Ms.)

Ordonez, Khan Michael (Mr.)

ADDRESS

2000 Trousdale Drive #305

TELEPHONE NUMBER (INCLUDE AREA CODE)

415-601-1778

CITY/STATE/ZIP

Burlingame, CA 94010

COUNTY

San Mateo

COUNTY CODE

081

NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE,
OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:

NAME

Sorensen, Roger, As An Individual

ADDRESS

Terminal One, San Francisco Int'l Airport

TELEPHONE NUMBER (INCLUDE AREA CODE)

650-872-5040

CITY

San Francisco

STATE

CA

ZIP

94128

COUNTY

San Mateo

COUNTY CODE

081

CAUSE OF DISCRIMINATION BASED ON (CHECK APPROPRIATE BOX(ES))

☐ RACE ☐ SEX ☒ DISABILITY ☐ RELIGION ☐ NATIONAL ORIGIN/ANCESTRY ☒ DENIAL OF FAMILY/MEDICAL LEAVE ☐ SEXUAL ORIENTATION
☐ COLOR ☐ AGE ☐ MARITAL STATUS ☐ MEDICAL CONDITION (cancer or genetic characteristics) ☐ OTHER (SPECIFY)

NO. OF EMPLOYEES/MEMBERS

100+

DATE MOST RECENT OR CONTINUING DISCRIMINATION

TOOK PLACE (month, day, and year) September 9, 2010

RESPONDENT CODE

45

THE PARTICULARS ARE:

- I. From on or about July 2010 through September 2010, I was subjected to harassment and denied reasonable accommodation by management. On September 9, 2010, I was terminated from my position. At the time of the discrimination, I was earning \$12.70 an hour.
- II. On September 9, 2010, I received a letter from Roger Sorensen (Manager) terminating me for failure to timely file my CFRA leave documentation.
- III. I believe that I was subjected to harassment and terminated because of my disability (Whooping Cough). I was also denied California Family Rights Act (CFRA) leave, which is a violation of California Government Code section 12945.2, based on the following reasons:
 - A. On or about July 27, 2010, I went on leave for a serious health condition. Shortly thereafter, I was terminated after timely submitting the appropriate documentation.
 - B. I was subjected to harassing treatment by Roger Sorensen (Manager) due to my disability. The treatment was verbal in nature.
 - C. At the time that this occurred I had worked for my employer for more than twelve (12) months, worked at least 1,250 hours in the 12-month period prior to my leave, and worked at a location that has at least 50 employees within 75 miles.

**COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT**

DFEH # E201112M0431-01-pv

EEOC # N/A

COMPLAINANT'S NAME(S) (indicate Mr. or Ms.)

Ordonez, Khan Michael (Mr.)

RESPONDENT'S NAME

Sorensen, Roger, As An Individual

THE PARTICULARS ARE:

- D. My employer failed to engage in the interactive process and denied an accommodation of time off. I could perform the essential functions of my job with an accommodation.

Page 2 of 2

Typed and mailed for signature on August 8, 2011.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

Dated AUG 10, 2011

Khan Ordonez
COMPLAINANT'S SIGNATURE

At PALO ALTO

City

DFEH-300-01 (12/99)

S:AE:eo

DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

DATE FILED: August 12, 2011
STATE OF CALIFORNIA

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OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:

NAME

Frontier Airlines, Inc.

ADDRESS

Terminal One, San Francisco Int'l Airport

TELEPHONE NUMBER (INCLUDE AREA CODE)

650-872-5040

CITY

San Francisco

STATE

CA

ZIP

94128

COUNTY

San Mateo

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RESPONDENT'S NAME

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